DATE: October 19, 1998   DSL-BQA 98-058

TO: Home Health Agencies   HHA-25

FROM: Judy Fryback, Director
               Bureau of Quality Assurance

> ## OASIS National Automation Project

Home health agencies need to begin preparing for the collection and transmission of OASIS (Outcome and Assessment Information Set) data. The purpose of this memo is to:

- Provide an update on the status of OASIS automation at the Department of Health and Family Services;

- Provide information on the hardware/software requirements that will enable agencies to transmit OASIS data to the State;

- Request your response to the attached questionnaire to provide us with information on your readiness for OASIS automation. Your response will assist us in preparing a statewide OASIS automation implementation plan.

1.   <u>OASIS Automation Project Update</u>

Automated submission of OASIS data to the State will be supported by the same system that nursing facilities use to submit resident assessment (Minimum Data Set) information. The hardware comprising this system was installed in Wisconsin in October, 1997. The software that validates OASIS submissions and provides agencies with feedback reports is still in development, but will be installed later this fall. Although HCFA is still waiting for approval of the final regulation that will require all certified home health agencies to encode and transmit OASIS data, the project continues to move forward. Once the final rule is published, home health agencies **will be required** to submit OASIS data. It is expected that this requirement will take effect in February of 1999.

As soon as it is received from HCFA, BQA will provide home health agencies with a system user's guide, along with a plan for submission testing and other information. The submission testing plan will be developed on the basis of your responses to the enclosed OASIS automation readiness questionnaire. The intent is to individually schedule all agencies for testing during December, 1998 and January, 1999. This schedule depends on completion of the OASIS system software and publication of the final OASIS regulations, and is therefore subject to change.

2.   <u>OASIS Hardware and Software Requirements</u>

In order to electronically submit OASIS data to the state, home health agencies must have computer hardware and software that meet certain minimum specifications. The minimum configuration an agency

must have depends on whether the agency will use HAVEN (**H**ome **A**ssessment **V**alidation and **En**try), the HCFA-developed OASIS data entry software. HAVEN will be available to all agencies at no cost in the near future. Once it is available, agencies can either download the software from HCFA's OASIS web site (http://www.hcfa.gov/medicare/hsqb/oasis/oasishmp.htm) or obtain a CD-ROM copy by contacting the Iowa Foundation for Medical Care at 1-800-339-9313.

Agencies that use HAVEN as their OASIS data entry software must have the following minimum system configuration:

> **486 processor-based PC**
> **Windows 3.1**
> **8 megabytes RAM**
> **100 megabyte hard drive**
> **CD-ROM drive**
> **28.8 Kbps modem**
> **Color SVGA monitor**
> **Mouse**
> **Browser software**
> **Internet access**

HCFA recommends the following optimum system configuration:

> **Pentium processor-based PC**
> **Windows 95, 98, or NT**
> **32 megabtyes of RAM**
> **2 gigabyte hard drive**
> **CD-ROM drive**
> **56 Kbps modem**
> **Color SVGA monitor**
> **Mouse**
> **Browser software**
> **Internet access**

Agencies that elect not to use HAVEN will need to determine the appropriate system configuration based on the requirements of the proprietary OASIS data entry software they are using. However, these agencies must still have systems that meet minimum specifications for the transmission of OASIS data to the state. The minimum specifications for transmission are as follows:

> **386 processor-based PC**
> **Windows 3.1**
> **8 megabytes of RAM**
> **20 megabytes of available hard drive space**
> **14.4 Kbps modem**
> **Color VGA monitor**
> **Mouse**
> **Browser software**

Note: **Netscape Navigator** or **Netscape Communicator** is the recommended browser software for use with the OASIS system, despite the fact that Microsoft Internet Explorer is the browser that most agencies will have (as a consequence of using a version of the Microsoft Windows operating system).

Nursing homes have experienced problems attempting to submit MDS data using Internet Explorer, though it has been done successfully in some cases. We strongly recommend that agencies that wish to use Internet Explorer have a copy of Netscape they can use in the event submissions made with Internet Explorer fail. Compatible versions of Netscape are available at no cost to any agency with Internet access.

Although agencies must use browser software to interface with the state OASIS system, connections take place directly over dedicated telephone lines. Agencies do not need access to the Internet to connect to the state OASIS system, and do not need an Internet Service Provider (ISP) unless they want to access the Internet for other reasons. However, HCFA has established an OASIS web site (http://www.hcfa.gov/medicare/hsqb/oasis/oasishmp.htm) that agencies will find highly valuable as a source of information, retrievable forms, and free software such as HAVEN.

3.   OASIS Automation Readiness Questionnaire

Please complete and return the attached questionnaire by **November 20, 1998**. Instructions and a postage paid return envelope are provided. We appreciate your assistance in preparing for OASIS automation implementation. If you have any questions about completing this questionnaire, please call Richard Betz, OASIS Automation Coordinator, at (608) 264-9898, or Barb Woodford, OASIS Education Coordinator, at (608) 264-9896.

Please affix mailing label here

Please complete this questionnaire by marking your answers on this form. For each question, circle one response number only. Then, using a #2 pencil, transfer your answers to the corresponding item numbers on the enclosed Pulse Standard Form Answer Sheet. Do not mark in the answer sheet Project ID box. Please return BOTH forms in the enclosed postage-paid envelope **by November 20, 1998**. The handwritten answers on this questionnaire will be tabulated and reviewed. The machine-scorable answer sheet will be used to collect data and provide statistical analysis.

Section 1: All agencies should complete this section.

1 Which statement most accurately reflects your current OASIS automation status?

1. Our agency has not incorporated OASIS into the assessment process.

2. Our agency has incorporated OASIS into the assessment process but we complete all forms on paper.

3. Our agency has incorporated OASIS and is in the process of developing our own OASIS software.

4. Our agency has incorporated OASIS and is currently evaluating proprietary OASIS software programs/vendors, but has not yet selected one.

5. We have already selected a software vendor and are in the process of implementing an automated OASIS system. **Vendor/product name**_____

6. We already use an automated OASIS system that does not include other automated functions.   **Vendor/product name**_____

7. We already use an automated OASIS system as part of a fully integrated automated medical recordkeeping system. **Vendor/product name**_____

8. We plan to use HAVEN, the software developed and provided by the federal Health Care Financing Administration, as soon as it becomes available.

9. Other: Specify_____

2 Estimate when your agency will be ready to test-submit OASIS data to the state. This will require that you have the minimum hardware and software specified on page 2 of the cover memo, and that you are using computer software to record OASIS information.

1. December 1998
2. January 1999
3. February 1999 or later

3 Does your agency have a computer?
1. Yes
2. No   **(If No, please skip to Section 3.)**

4   **Operating System:** Please specify the operating system you now use.

     1. Windows 3.1
     2. Windows 95, 98 or NT

5   **Processor type:** Please specify the type of computer processor you now use.

     1. 386
     2. 486
     3. Pentium

6   **RAM:** Please specify the amount of RAM (memory) your computer has.
     1. 8 megabytes
     2. 16 megabytes
     3. 32 megabytes or more

7   **Modem:** Please specify the transmission speed of the modem you now use.

     1. 14.4 Kbps
     2. 28.8 Kbps
     3. 33.6 Kbps
     4. 56 Kbps

8   **Browser:** Please specify the type of browser software you now use.

     1. Netscape Navigator/Communicator
     2. Microsoft Internet Explorer
     3. None

9   **Dedicated Phone Line:** Do you have a dedicated phone line for data communications?1.
     Yes
     2. No

Section 3: All agencies should complete this section.

11   What Bureau of Quality Assurance region is your agency located in?

     1.   Northeastern (Green Bay)
     2.   Northern (Rhinelander)
     3.   Southeastern (Milwaukee)
     4.   Southern (Madison)
     5.   Western (Eau Claire)

12   What is your agency's organization type?

     1.   Nonprofit
     2.   Proprietary
     3.   Other (specify) _____

13   Is your agency part of a chain?

     1.   ___Yes   a. State   b. National   c. Number of agencies in chain
   _____
     2.   No

13   Does your agency operate any branch offices?

1.   Yes
2.   No

13   If you answered yes to question 14, do you expect data submission to occur from:

1.   Parent Office
2.   Branch Offices

Indicate your agency's license number by circling the first digit of your license number in item 16, the second digit in item 17, the third digit in item 18, and the fourth digit in item 19. Be sure to transfer the digits of your license number to the appropriate items on the machine-scorable answer sheet.

16	1	2	3	4	5	6	7	8	9	0
17	1	2	3	4	5	6	7	8	9	0
18	1	2	3	4	5	6	7	8	9	0
19	1	2	3	4	5	6	7	8	9	0

COMPLETION INSTRUCTIONS: Using a #2 pencil, *transfer* your answers to the enclosed **Pulse Standard Form** Answer Sheet. **Please do not fold, staple, or otherwise alter the machine-scorable answer sheet; this will invalidate your questionnaire.**   Do *not* mark the Project I.D. box. When finished, return your completed questionnaire **and** the Answer Sheet in the return envelope. Your response is greatly appreciated.

THANK YOU FOR RETURNING THESE FORMS BY **NOVEMBER 20, 1998.**